



**2012**

**Behavioral Risk Factor Surveillance System  
Questionnaire  
Cell Phone**

**Massachusetts – 5486c**

**January 12, 2012**

# Behavioral Risk Factor Surveillance System 2012 Draft Questionnaire – MA Cell Phone 5486c

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## Interviewer's Script

HELLO, I am calling for the Massachusetts Department of Public Health. My name is (name). We are gathering information about the health of Massachusetts residents (if person reports that they do not live in the state mentioned, tell them that they may still be eligible to participate). This project is conducted by the department of public health with assistance from the Centers for Disease Control and Prevention.

**SAFE** Is this a safe time to talk with you?

Yes [Go to CTELNUM1]  
No **CALLBACK**

### CTELNUM1

Is this (phone number) ?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES [Go to CELLFON2]  
2 NO  
9 REFUSED

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP (CDC Dispcd=455)**

If "Refused",

Thank you for your time. **STOP (CDC Dispcd=319)**

### Qualified Level 1

#### CELLFON2

Is this a cellular telephone?

**[Read only if necessary: "By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood".**

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 YES [Go to CADULT]  
2 NO  
7 DON'T KNOW / NOT SURE  
9 REFUSED

IF "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP (CDC Dispcd=425)**

If "Don't Know", "Refused",

Thank you for your time. **STOP (CDC Dispcd=319)**

**Qualified Level 2****CADULT**

Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- |   |                        |                        |
|---|------------------------|------------------------|
| 1 | YES, Male Respondent   | <b>[Go to PVTRES2]</b> |
| 2 | YES, Female Respondent | <b>[Go to PVTRES2]</b> |
| 3 | NO                     |                        |
| 7 | DON'T KNOW / NOT SURE  |                        |
| 9 | REFUSED                |                        |

**IF "No",**

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

**STOP (CDC Dispcd=415)**

**IF "Don't Know", "Refused",**

Thank you very much for your time. **STOP (CDC Dispcd=317)**

**Qualified Level 3****PVTRES2**

Do you live in a private residence?

**READ ONLY IF NECESSARY:** "By private residence, we mean someplace like a house or apartment."

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.

- |   |                       |                       |
|---|-----------------------|-----------------------|
| 1 | YES                   | <b>[Go to CSTATE]</b> |
| 2 | NO                    |                       |
| 7 | DON'T KNOW / NOT SURE |                       |
| 9 | REFUSED               |                       |

**COLHOS** Do you live in college housing?

**Read only if necessary:** "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

1. Yes **GO TO CSTATE**  
2. No

**IF "No",**

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

# CSTATE

Are you a resident of Massachusetts?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [Go to LANDLINE]
- 2 NO [Go to RSPSTATE]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "Don't Know", "Refused",  
Thank you very much for your time. STOP (CDC Dispcd=317)

## Qualified Level 4

RSPSTATE In what state do you live?

- \_\_\_\_\_ ENTER STATE
- 99 REFUSED [THANK & END]

LANDLINE Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use."

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [Go to PCTCELL]
- 2 NO [Go to SURVEY INTRO]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF "No", GO TO SURVEY INTRO  
IF "Don't Know" or "Refused", GO TO TERMINATION

## PCTCELL

Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

- \_\_\_\_\_ Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

IF PCTCELL=90-100, GO TO CORE SECTIONS INTRODUCTION.

IF PCTCELL=1-89, 777, 888, 999, GO TO TERMINATION.

## TERMINATION

Thank you very much. Those are all the questions that I have for you today.

(CDC Dispcd=437)

### Qualified Level 5

## Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 877-286-6318.

## Section 1: Health Status

**GENHLTH** Would you say that in general your health is—

(73)

Hlth1

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

### Qualified Level 6

## Section 2: Healthy Days — Health-Related Quality of Life

**PHYSHLTH** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74–75)

Hlth4

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**MENTHLTH**

Hlth5

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76–77)

–	–	Number of days
8	8	None <b>[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]</b>
7	7	Don't know / Not sure
9	9	Refused

**POORHLTH**

Hlth6

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78–79)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

## Section 3: Health Care Access

**HLTHPLAN**

Hins1

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Service?

(80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

**CATI: IF CSTATE=1 (Yes, Massachusetts resident), CONTINUE. ELSE, GO TO PERSDOC2.**

## State-Added 3a: MA Health Care Access

**{CATI: If HLTHPLAN=1, continue; Else go to pre-HINS13}**

**HINS7**

Hins7

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

(501)

1	Yes <b>[Go to PERSDOC2]</b>
2	No
7	Don't know/Not sure
9	Refused

**HINS8A**

Hins8a

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

(502–503)

**Please read**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**Or**

- 08 Some other source

**Do not read**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**pre-HINS13 - {All from HINS8A go to PERSDOC2, all else continue}**

**HINS13**

There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

Hins13

(504-505)

**[Please read]**

Coverage through:

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, MassHealth, CommonHealth or MassHealth HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**Or**

- 08 Some other source

**Do not read**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

## Section 3: Health Care Access, Continued

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**PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

Hins6a

**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**

(81)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

**MEDCOST** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Hins5

(82)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHECKUP1** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Chkup1

(83)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

## Section 4: Exercise

---

**EXERANY3** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Ex1

(84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 5: Chronic Health Conditions

---

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

**CVDINFR4** (Ever told) you that you had a heart attack also called a myocardial infarction? (85)

Cardo3a	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**CVDCRHD4** (Ever told) you had angina or coronary heart disease? (86)

Cardo3b	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**CVDSTRK3** (Ever told) you had a stroke? (87)

Cardo3c	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**ASTHMA2** (Ever told) you had asthma? (88)

Asthma1a	1	Yes	
	2	No	[Go to CHCSCNCR]
	7	Don't know / Not sure	[Go to CHCSCNCR]
	9	Refused	[Go to CHCSCNCR]

**ASTHNOW** Do you still have asthma? (89)

Asthma4	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**CHCSNCR** (Ever told) you had skin cancer? (90)

CHCSCNCR	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

**CHCOCNCR** (Ever told) you had any other types of cancer?

CHCOCNCR

(91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCCOPD** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

CHCCOPD

(92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**HAVARTH3** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Arth15

(93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

**ADDEPEV2** (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

ADDEPEV2

(94)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCKIDNY**

(Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

CHCKIDNY

**INTERVIEWER NOTE:** Incontinence is not being able to control urine flow.

(95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CHCVISON**

Do you have any trouble seeing, even when wearing glasses or contact lenses?

CHCVISON

(96)

- 1 Yes
- 2 No
- 3 Not applicable (blind)
- 7 Don't know / Not sure
- 9 Refused

**DIABETE3**

(Ever told) you have diabetes?

(97)

Diab1

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

## Section 6: Oral Health

---

**LASTDEN3**

How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Oral1

(98)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**RMVTETH3**

Oral3
-------

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

(99)

- |   |                       |
|---|-----------------------|
| 1 | 1 to 5                |
| 2 | 6 or more but not all |
| 3 | All                   |
| 8 | None                  |
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 7: Demographics

**AGE**

What is your age?

(100-101)

Age
-----

- |   |   |                       |
|---|---|-----------------------|
| 0 | 7 | Code age in years     |
| 0 | 7 | Don't know / Not sure |
| 0 | 9 | Refused               |

**HISPANC2**

Are you Hispanic or Latino?

(102)

Hisp
------

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**MRACE**

Which one or more of the following would you say is your race?

(103 -108)

Mrace1
--------

Mrace2
--------

Mrace3
--------

Mrace4
--------

Mrace5
--------

Mrace6
--------

**(Check all that apply)**

**Please read:**

- |   |   |
|---|---|
| 1 | White                                     |
| 2 | Black or African American                 |
| 3 | Asian                                     |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | American Indian or Alaska Native          |

Mrace1_6 = Multiple Race Info
-------------------------------------

**Or**

- |   |                      |
|---|----------------------|
| 6 | Other [specify]_____ |
|---|----------------------|

**Do not read:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If more than one response to MRACE; continue. Otherwise, go to pre-ANCESTRY.**

**ORACE2** Which one of these groups would you say best represents your race?

(109)

Orace2

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**CATI: IF CSTATE=1 (Yes, Massachusetts resident), CONTINUE. ELSE, GO TO VETERAN3.**

**State-Added 7a: Country of Birth**

**ASK ALL MASSACHUSETT RESIDENT RESPONDENTS**

**CNTRYBTH** In what country were you born?

CNTRYBTH

- 1 United States [GO TO VETERAN3]
- 2 Outside U.S. [CATI: USE Country code (002 – 192)]
- 888 Other [Specify: \_\_\_\_\_]
- 777 Don't know / Not sure [GO TO VETERAN3]
- 999 Refused [GO TO VETERAN3]

**CATI note: see attached list of country codes: "Country Codes\_5486.xls"**

**YRSUS** Approximately, how many years have you lived in the U.S.?

**[INTERVIEWER NOTE: if respondent lived in U.S. for more than one period of time, add all periods when lived in U.S. together]**

YRSUS

- \_\_\_\_ Years [RANGE: 0-99, 777, 999]
- 777 Don't know / Not sure
- 999 Refused

**CATI: if (YRSUS = 0-99 and AGE = 18-99) AND (YRSUS > AGE), continue; else go to VETERAN3**

**UPDTYRS** I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and that you have lived in the United States for {CATI: fill-in response from YRSUS} years. Which of these facts do I need to correct?

Update age **GO TO AGE**  
Update years in U.S. **GO TO YRSUS**

**VETERAN3** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Militar1

(110)

1 Yes  
2 No

**Do not read:**

7 Don't know / Not sure  
9 Refused

**MARITAL** Are you...?

(111)

Mrtl

**Please read:**

1 Married  
2 Divorced  
3 Widowed  
4 Separated  
5 Never married

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

**CHILDREN** How many children less than 18 years of age live in your household?

(112-113)

Chage1

Number of children  
8 8 None  
9 9 Refused

**EDUCA** What is the highest grade or year of school you completed?

(114)

Educ

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

**EMPLOY**

Are you currently...?

(115)

Empl

**Please read:**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**Or**

- 8 Unable to work

**Do not read:**

- 9 Refused

**INCOME2**

Is your annual household income from all sources—

(116-117)

IncM

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06  
(\$25,000 to less than \$35,000)

0 6 Less than \$50,000 If “no,” ask 07  
(\$35,000 to less than \$50,000)

0 7 Less than \$75,000 If “no,” code 08  
(\$50,000 to less than \$75,000)

0 8 \$75,000 or more

**Do not read:**

7 7 Don't know / Not sure  
9 9 Refused

**WEIGHT2** About how much do you weigh without shoes?

(118-121)

Wght

**NOTE: If respondent answers in metrics, put “9” in column 118.**

**Round fractions up**

\_\_\_\_ Weight  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

**HEIGHT3** About how tall are you without shoes?

(122-125)

Hght

**NOTE: If respondent answers in metrics, put “9” in column 122.**

**Round fractions down**

\_\_ / \_\_ Height  
(ft / inches/meters/centimeters)  
7 7 / 7 7 Don't know / Not sure  
9 9 / 9 9 Refused

## State-Added 7b: City/Town

**TOWN** What city or town do you live in?

Town

\_\_\_\_ Town code [001-351]  
8 8 OTHER: [SPECIFY: \_\_\_\_\_]  
7 7 Don't Know/Not Sure  
9 9 Refused

**[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]**

(DATA PROCESSING NOTE: CDC permits MA BRFSS to ask TOWN in lieu of the core COUNTY. When submitting data to CDC, make sure that this is converted to MA county; otherwise, PC Edits will not accept it.)

**CTYCODE** What county do you live in? (126-128)

	ANSI County Code (formerly FIPS county code)
7 7 7	Don't know / Not sure
9 9 9	Refused

ZIPCODE What is the ZIP Code where you live? (129-133)

Zipcode	ZIP Code
77777	Don't know / Not sure
99999	Refused

**Qualified Level 7**

**RENTHOM1** Do you own or rent your home? (142)

Renthom1	
1	Own
2	Rent
3	Other arrangement
7	Don't know / Not sure
9	Refused

**INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent.**

**NOTE: Home is defined as the place where you live most of the time/the majority of the year.**

**SEX** Indicate sex of respondent. Ask only if necessary. (143)

Sex	1 Male	[Go to next section]
	2 Female	<b>*NOTE: Massachusetts asks 'PREGNANT' of females up to 50 years old. If 51 years or older go to next section.</b>

**\*\*Only submit data on women <45 to CDC\*\***

**PREGNANT** To your knowledge, are you now pregnant? (144)

Preg1	1	Yes
	2	No
	7	Don't know / Not sure
	9	Refused

## Section 8: Disability

The following questions are about health problems or impairments you may have.

**QLACTLM2** Are you limited in any way in any activities because of physical, mental, or emotional problems? (145)

QL1

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

**USEEQUIP** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (146)

Disb15

**Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

## Section 9: Tobacco Use

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life? (147)

Smk1

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**SMOKDAY2** Do you now smoke cigarettes every day, some days, or not at all? (148)

Smk2

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK1]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

**STOPSMK2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (149)

Smk4f

- |   |                       |                 |
|---|-----------------------|-----------------|
| 1 | Yes                   | [Go to USENOW3] |
| 2 | No                    | [Go to USENOW3] |
| 7 | Don't know / Not sure | [Go to USENOW3] |
| 9 | Refused               | [Go to USENOW3] |

**LASTSMK1** How long has it been since you last smoked a cigarette, even one or two puffs? (150-151)

Smk5c

- |     |  |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago)                  |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago)  |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago)       |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago)     |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago)  |
| 0 7 | 10 years or more   |
| 7 7 | Don't know / Not sure  |
| 9 9 | Refused  |

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Chew2b

**Snus (rhymes with 'goose')**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.** (152)

- |   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused               |

## Section 10: Alcohol Consumption

**ALCDAY5** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (153-155)

Drnk2

- |       |                           |                      |
|-------|---------------------------|----------------------|
| 1 _ _ | Days per week             |                      |
| 2 _ _ | Days in past 30 days      |                      |
| 8 8 8 | No drinks in past 30 days | [Go to next section] |
| 7 7 7 | Don't know / Not sure     | [Go to next section] |
| 9 9 9 | Refused                   | [Go to next section] |

**AVEDRNK2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (156-157)

Drnk3

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

**DRNK3GE5** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion? (158-159)

Alc8

Number of times  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

**MAXDRNKS** During the past 30 days, what is the largest number of drinks you had on any occasion? (160-161)

Drnk4

Number of drinks  
 7 7 Don't know / Not sure  
 9 9 Refused

**CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

## Section 11: Immunization

**FLUSHOT5** Now I will ask you questions about the seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (162)

Flushot5

### READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes  
 2 No [Go to PNEUVAC3]  
 7 Don't know / Not sure [Go to PNEUVAC3]  
 9 Refused [Go to PNEUVAC3]

**FLSHTMY2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (163-168)

Flshtmy2

Month / Year  
 7 7 / 7 7 7 7 Don't know / Not sure  
 9 9 / 9 9 9 9 Refused

**IMFVPLAC** At what kind of place did you get your last flu shot/vaccine? (169-170)

Flu2

**[IF RESPONDENT UNSURE, PROBE: “How would you describe the place where you went to get your most recent flu vaccine?”]**

- 0 1 A doctor’s office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don’t know / Not sure

**Do not read:**

- 9 9 Refused

**PNEUVAC3**

Pneum

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

## Section 12: Falls

**If respondent is 45 years or older continue, otherwise go to next section.**

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**FALL3MN2**

In the past 12 months, how many times have you fallen?

(172-173)

Fall3a

- |     | Number of times       | [76 = 76 or more]    |
|-----|-----------------------|----------------------|
| 8 8 | None                  | [Go to next section] |
| 7 7 | Don’t know / Not sure | [Go to next section] |
| 9 9 | Refused               | [Go to next section] |

**FALLINJ2**

**[Fill in “Did this fall (from FALL3MN2) cause an injury?”. If only one fall from FALL3MN2 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.]**

Fall4a

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(174-175)

8	8	Number of falls	<b>[76 = 76 or more]</b>
7	7	None	
7	7	Don't know / Not sure	
9	9	Refused	

**CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL3MN2, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.**

**CNFFAL**      **INTERVIEWER:** Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL3MN2].

1 Correct number of falls      **GO TO FALL3MN2** (and then re-ask FALLINJ2)  
 2 Correct number of falls causing injury      **GO TO FALLINJ2**

## Section 13: Seatbelt Use

**SEATBELT**      How often do you use seat belts when you drive or ride in a car? Would you say— (176)

Stblt

**Please read:**

1 Always  
 2 Nearly always  
 3 Sometimes  
 4 Seldom  
 5 Never

**Do not read:**

7 Don't know / Not sure  
 8 Never drive or ride in a car  
 9 Refused

**CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.**

## Section 14: Drinking and Driving

**CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.**

The next question is about drinking and driving.

**DRNKDRI2**      During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (177-178)

Alc9

8 8      Number of times  
 8 8      None

7 7 Don't know / Not sure  
9 9 Refused

## Section 15: Breast and Cervical Cancer Screening

**CATI note: If respondent is male, go to the next section.**

The next questions are about breast and cervical cancer.

### HADMAM

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

Mamm2

(179)

- 1 Yes
- 2 No [Go to PROFEXAM]
- 7 Don't know / Not sure [Go to PROFEXAM]
- 9 Refused [Go to PROFEXAM]

### HOWLONG

How long has it been since you had your last mammogram?

(180)

Mamm3a

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

### PROFEXAM

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

Brst1

(181)

- 1 Yes
- 2 No [Go to HADPAP2]
- 7 Don't know / Not sure [Go to HADPAP2]
- 9 Refused [Go to HADPAP2]

### LENGEXAM

How long has it been since your last breast exam?

(182)

Brst2a

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**HADPAP2** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (183)

Crvx2

- 1 Yes  
2 No [Go to HADHYST2]  
7 Don't know / Not sure [Go to HADHYST2]  
9 Refused [Go to HADHYST2]

**LASTPAP2** How long has it been since you had your last Pap test? (184)

Crvx3

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 3 years (2 years but less than 3 years ago)  
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.**

**HADHYST2** Have you had a hysterectomy? (185)

Hyst

**Read only if necessary:** A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 16: Prostate Cancer Screening

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

Now, I will ask you some questions about prostate cancer screening.

**PCPSAREC** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (186)

PCPSAREC

- 1 Yes  
2 No

- 7 Don't Know / Not sure  
9 Refused

**PCPSADIS**

PCPSADIS

Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (187)

- 1 Yes  
2 No  
7 Don't Know / Not sure  
9 Refused

**PCPSAADV**

PCPSAADV

Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (188)

- 1 Yes  
2 No  
7 Don't Know / Not sure  
9 Refused

**PSATEST1**

PSA1

Have you EVER HAD a PSA test? (189)

- 1 Yes  
2 No [Go to next section]  
7 Don't Know / Not sure [Go to next section]  
9 Refused [Go to next section]

**PSATIME**

PSA2a

How long has it been since you had your last PSA test? (190)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years)  
3 Within the past 3 years (2 years but less than 3 years)  
4 Within the past 5 years (3 years but less than 5 years)  
5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**PCPSARSN**

PCPSARSN

What was the MAIN reason you had this PSA test – was it ...? (191)

- 1 Part of a routine exam  
2 Because of a prostate problem  
3 Because of a family history of prostate cancer  
4 Because you were told you had prostate cancer  
5 Some other reason

**Do Not Read:**

- 7 Don't know / Not sure  
9 Refused

## Section 17: Colorectal Cancer Screening

**CATI note: If respondent is  $\leq 49$  years of age, go to next section.**

The next questions are about colorectal cancer screening.

### BLDSTOOL

Colo5

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

(192)

- 1 Yes  
2 No [Go to HADSIGM3]  
7 Don't know / Not sure [Go to HADSIGM3]  
9 Refused [Go to HADSIGM3]

### LSTBLDS3

Colo6

How long has it been since you had your last blood stool test using a home kit?

(193)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)  
2 Within the past 2 years (1 year but less than 2 years ago)  
3 Within the past 3 years (2 years but less than 3 years ago)  
4 Within the past 5 years (3 years but less than 5 years ago)  
5 5 or more years ago

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

### HADSIGM3

Colo8

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

(194)

- 1 Yes  
2 No [Go to next section]  
7 Don't know / Not sure [Go to next section]  
9 Refused [Go to next section]

### HADSGCO1

Hadsigcol

For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

**LASTSIG3** How long has it been since you had your last sigmoidoscopy or colonoscopy? (196)

Colo9

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

## Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**HIVTST5** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (197)

Hiv15

- 1 Yes
- 2 No [Go to HIVRISK2]
- 7 Don't know / Not sure [Go to HIVRISK2]
- 9 Refused [Go to HIVRISK2]

**HIVTSTD2** Not including blood donations, in what month and year was your last HIV test? (198-203)

Hiv25b

**NOTE: If response is before January 1985, code "Don't know."**  
**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

- \_\_ / \_\_ \_\_ \_\_ \_\_ Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused / Not sure

## HIVRISK2

Ivstdhiv

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you?

(204)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Transition to Modules and State-Added Questions

Please read:

Now I have some questions about other health topics.

**CATI: IF CSTATE=1 (Yes, Massachusetts resident), CONTINUE. ELSE (non-Massachusetts residents), GO TO CLOSING STATEMENT.**

## Optional and State-Added Modules

### (MA) Section 19: State-Added: Industry and Occupation

**If EMPLOY = 3, 5, 6, 7, 8, 9, Go to next section.**

**If EMPLOY = 1, 2, 4 then Continue**

#### WRKCMP2B

Wrkcmp2b

What kind of work [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY = 4) do, that is, what is (if EMPLOY=1 OR 2) / was (if EMPLOY = 4)] your occupation? For example, registered nurse, janitor, cashier, auto mechanic.

Specify: \_\_\_\_\_  
 7 Don't know  
 9 Refused

#### WRKCMP2A

Wrkcmp2a

What kind of business or industry [do you (if EMPLOY=1 OR 2) / did you, in the past year, (if EMPLOY=4)] work in? For example, nursing home, elementary school, clothing manufacturing, fast food restaurant.

[If the respondent provides a one word answer: "MANUFACTURING", ask "What does the business or company make?" RECORD BOTH THE PRODUCT MADE and "MANUFACTURING". e.g computer manufacturing; clothing manufacturing; appliance manufacturing, etc.]

Specify: \_\_\_\_\_

- 7 Don't know
- 9 Refused

## (MA) Section 20: State-Added Sexual Orientation

**SEX01** Do you consider yourself to be:

Sex01

**Please read**

- 1 A) Heterosexual or straight
- 2 B) Homosexual or [if respondent is male read **"gay"**; else if female, read **"lesbian"**]
- 3 C) Bisexual
- or**
- 4 D) other

**Do not read**

- 7 Don't Know/Not Sure
- 9 Refused

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman.

**TRANSGEN** Do you consider yourself to be transgender?

Transgen

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

**[NOTE:** Additional information for interviewer if asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.]

## (MA) Section 21: Module 13: Adult Human Papilloma Virus (HPV)

**CATI note:** To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

**NOTE:** Human Papilloma Virus (Human Pap·uh·loh·muh Virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

**HPVADVC**

HPVvac

A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]**. Have you EVER had an HPV vaccination?

(307)

- |   |                           |                     |
|---|---------------------------|---------------------|
| 1 | Yes                       |                     |
| 2 | No                        | [Go to next module] |
| 3 | Doctor refused when asked | [Go to next module] |
| 7 | Don't know / Not sure     | [Go to next module] |
| 9 | Refused                   | [Go to next module] |

**HPVADSHT** How many HPV shots did you receive?

(308-309)

HPVshts

- |   |   |                       |
|---|---|-----------------------|
|   |   | Number of shots       |
| 0 | 3 | All shots             |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

## (MA) Section 22: State-Added MA Tobacco

**Pre-SMK9d:**

If **SMOKDAY2 = 1** then go to **SMK9d**;  
Else go to **ENSMK2**;

**SMK9d** [CURRENT SMOKERS] Are you planning to stop smoking within the next 30 days?

Smk9d

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**ENSMK2** Which statement best describes the rules about smoking in your home ...

Ensmk2

**Please read:**

- |    |  |
|----|--|
| 1  | no one is allowed to smoke anywhere                |
| 2  | smoking is allowed in some places or at some times |
| or |  |
| 3  | smoking is permitted anywhere                      |

**Do not read:**

- |   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

## (MA) Section 23: Module 18: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

If **RENTHOM1 = 1 or 2 (own or rent)** continue, else go to **SCNTMEAL**

**SCNTMONY** How often in the past 12 months would you say you were worried or stressed

**SCNTMONEY**

about having enough money to pay your rent/mortgage? Would you say you were worried or stressed---

(349)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

**SCNTMEAL**

How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed---

**SCNTMEAL**

(350)

**Please read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**Do not read:**

- 8 Not applicable
- 7 Don't know / Not sure
- 9 Refused

**If EMPLOY = 1 (Employed for wages) or 2 (Self-employed), go to SCNTPAID and SCNTWORK.**

**If EMPLOY = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to SCNTLPAD and SCNTLWRK.**

**If EMPLOY = 5 (A homemaker), 6 (A student), 8 (Unable to work), or 9 (Refused), go to SCNTLWRK.**

**SCNTPAID** At your main job or business, how are you generally paid for the work you do. Are you:

**SCNTPAID**

(351)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).**

**SCNTWORK** About how many hours do you work per week at all of your jobs and businesses combined?

SCNTWORK

(352-353)

- |     |                       |                     |
|-----|-----------------------|---------------------|
| 9 7 | Hours (01-96 or more) | [Go to next module] |
| 9 8 | Don't know / Not sure | [Go to next module] |
| 9 8 | Does not work         | [Go to next module] |
| 9 9 | Refused               | [Go to next module] |

**SCNTLPAD** Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:

SCNTLPAD

(354)

- |   |   |
|---|---|
| 1 | Paid by salary                                    |
| 2 | Paid by the hour                                  |
| 3 | Paid by the job/task (e.g. commission, piecework) |
| 4 | Paid some other way                               |
| 7 | Don't know / Not sure                             |
| 9 | Refused   |

**SCNTLWRK** Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?

SCNTLWRK

(355-356)

- |     |                       |
|-----|-----------------------|
| 9 7 | Hours (01-96 or more) |
| 9 7 | Don't know / Not sure |
| 9 8 | Does not work         |
| 9 9 | Refused               |

## Closing statement

---

### {Read to All}

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Massachusetts. Thank you very much for your time and cooperation.

## Language Indicator

---

**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**Lang1.** In what language was this interview completed?

Lang

- |   |         |
|---|---------|
| 1 | English |
| 2 | Spanish |